

APPLICATION FOR PUBLIC ACCESS TO RECORDS
(Freedom of Information Law "FOIL" REQUEST)



Instructions: Complete all areas of this form and return to:

"FOIL" Records Access Officer | Erie County Department of Health - Central District Office
503 Kensington Avenue | Buffalo, NY 14214 | Fax: 716-961-6880

After receiving your form, the Erie County Department of Health (ECDOH) is allowed (5) business days by New York State Law to respond to your request. There will be a charge of 25 cents per page which is payable upon receipt of the records. You will be contacted when the records you have requested are available for pick-up and you will be informed of the total cost at that time. For more information please call 716-961-6800.

I hereby apply to: _____ Date of records requested: _____

☐ Inspect ☐ Obtain a copy of the following record:

Location of the Property: Address: _____ unit: _____

City/Town/Village: _____ State: _____ Zip: _____

Type of Records ☐ Housing ☐ Lead ☐ Other _____

Printed Name: _____

Signature: _____

Mailing Address: _____

City/Town/Village: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ E-Mail: _____

FOR AGENCY USE ONLY

Approved: Yes ☐ No ☐

Denied for the following reason(s):

- ☐ Confidential Disclosure
- ☐ part of Investigatory Files
- ☐ Unwarranted Invasion of Personal Privacy
- ☐ Record of which this agency is Legal Custodian cannot be found
- ☐ Record is not maintained by this Agency
- ☐ Exempted by Statute other than the Freedom of Information Act

Signature: _____ Date: _____